



CASSANDRA LEE WALKER

(845) 380-8727

liveLaughLettuCe.exa@gmail.com

cassandraleewalker.com

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## Expressive Arts Therapy Fee and Cancellation Agreement

I agree to pay a fee of \$\_\_\_\_\_ for \_\_\_\_\_ hour Expressive Arts Therapy Session

I agree to pay a fee of \$\_\_\_\_\_ for Group Session

I understand that I am required to pay the Expressive Arts Session Fee /or Group Session Fee directly after the session, unless otherwise discussed with the practitioner.

I understand that I am required to provide the practitioner with 24 hours notice of cancellation or I will be charged for the missed appointment.

I understand that cancellations must be made by Phone, Email, or Text.

I understand that if I arrive more than 15 minutes late to any appointment the session may require rescheduling.

By signing this form, I acknowledge the terms and conditions regarding Cassandra Lee Walker's Fee and Cancellation Agreement.

\_\_\_\_\_

**Client Name**

\_\_\_\_\_

**Client Signature**

\_\_\_\_\_

**Guardian Name**

\_\_\_\_\_

**Guardian Signature**

**Cassandra Lee Walker**

**EXA Practitioner Name**

\_\_\_\_\_

**EXA Practitioner Signature**

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## Informed Consent for Expressive Arts Therapy

This agreement addresses a contract for Expressive Arts Practitioner services between the following parties:

[Redacted]

**Client /Guardian**

[Redacted]

**EXA Practitioner**

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**About Expressive Arts Therapy:** Expressive Arts is a powerful resource that may awaken deep feelings and raise large questions. Your Expressive Arts (EXA) Practitioner is trained to guide and support the facilitation in finding your own inner resources, which in turn are there to nurture and assist the client if and when any of these issues may arise outside of the session. During the session, it is there in the studio space where the client's engaged imagination explores various artistic mediums expanding their range of play through kinesthetic/tactile sensory experiences. Expressive Arts Therapy is a way to become aware of your own resources to cope with emerging thoughts and feelings and use what emerged in the studio space to help the client in their everyday life. As an Expressive Arts Practitioner I provide a safe container for the client supporting personal growth, self discovery, awareness, and transformation.

**Confidentiality:** In regards to building a safe container for the client, ALL events and conversation within groups or individual sessions is strictly confidential, and should not be discussed outside of the studio space. Unless:

The practitioner learns or has reasonable cause to suspect that the client may do serious harm to themselves, another person, or another person's property.

The practitioner learns or has reasonable cause to suspect that a person if under the age of 18 (or was if not previously reported) is subject to child abuse and/or neglect.

The practitioner learns or has reasonable cause to suspect that a person over 65 or a dependent adult is being (or was, if not previously reported) subject to abuse and/or neglect.

The practitioner receives a court order for the release of confidential information.

[Redacted]

**Client Signature**

[Redacted]

**Date**



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**Photography/Video/Social Media:** Client as well as the client's artwork will never be filmed, photographed, or used on Live.Laugh.Lettuce social media platform or on the practitioner's website, unless full consent has been given by the client/and or legal guardian. The client has the right to refuse. However, please keep in mind as a life long learner the practitioner may request to film or photograph while in session in order to continue to provide great service and positive outcomes. Often times the client may see the practitioner take a photograph of their artwork as a way of documenting the session. This is so the client may take their artwork home with them. Photos of the client's artwork may be used for research, however, their information will always remain confidential unless given permission to use on practitioner's social media platform/website.

**Client Name**

**Client Signature**

**Date**

**Guardian Name**

**Guardian Signature**

**Date**

CASSANDRA LEE WALKER

**EXA Practitioner Name**

**EXA Practitioner Signature**

**Date**

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### Confidential Client Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Contact \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Legal Guardian Name \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Relationship Status/Living Situation \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Children Names/Ages:

Family of Origin:

Names and Ages of Parents and Siblings

Emergency Contact Name/Relationship/Phone

Name of Person Responsible for Payment/Phone/Relationship to You

Do you have a spiritual or religious practice or beliefs? Describe:



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## Confidential Client Information

Name of your Physician: \_\_\_\_\_

When was your most recent visit to the physician? \_\_\_\_\_

Why are you seeking Expressive Arts Therapy at this time?

How did you hear about Expressive Arts Therapy and about  
Cassandra Lee Walker's Services?

What goals would you like to accomplish during our time together?

In any ways have you expressed yourself creatively in the past?

In any ways have you expressed yourself creatively today?

What are your favorite art mediums? (1 being your least favorite  
and 5 being the best. You can repeat numbers):

\_\_\_\_\_ Music \_\_\_\_\_ Dance \_\_\_\_\_ Drama \_\_\_\_\_ Visual Art

\_\_\_\_\_ Writing

Describe your experiences:



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## **Confidential Client Information**

**Names and dates of previous therapy experience(s):**

**Has your previous therapy been a helpful, positive experience for you? Please explain**

**Any trauma, physical, or emotional abuse, sexual abuse, major crises?**

**Psychiatric history: diagnosis, treatments, medications, hospitalization?**

**Have you ever had suicidal thoughts?**

**Have you ever made a suicidal attempt?**

**If "Yes" please explain**

**Have you ever felt homicidal, or felt physical aggression towards another? If "Yes" please describe**

**Please explain any family psychiatric history**



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## Confidential Client Information

**Please list Allergies , if any**

**Please describe your general health: major illnesses (past or present? pain, and chronic symptoms.**

**Please list any medications you are currently taking:**

**How would you describe your alcohol use, and/or drug use (past and present):**

**Do you use Tobacco (cigarettes, cigar, pipe) or a Vape and how often?\_\_\_\_\_**

**If you answered "Yes" to the above question, when did it begin?\_\_\_\_\_**

**Do you have challenges with anxiety? \_\_\_\_\_ If "Yes" please explain:**

**Do you have challenges with depression?\_\_\_\_\_ If "Yes" please explain:**

**Do you have a history of self harming?\_\_\_\_\_ If "Yes" please explain:**



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### Confidential Client Information

Any history of: \_\_\_ Binging \_\_\_ Purging \_\_\_ Restricting Food  
\_\_\_ Using Laxatives \_\_\_ Disorderly Eating  
\_\_\_ Over Exercising \_\_\_ Other: \_\_\_\_\_

Have you been treated for: \_\_\_ Anorexia \_\_\_ Bulimia  
\_\_\_ Eating Disorder \_\_\_ Other: \_\_\_\_\_

Have you ever struggled with body image? \_\_\_ If "Yes" please explain:

How often do you exercise? \_\_\_\_\_ What type of exercise do you do?

How stressful is your life right now: \_\_\_ Not \_\_\_ Mildly  
\_\_\_ Moderately \_\_\_ Severly

What areas of your life are you experiencing stress today?

Rate each with a number from 1-5 (5 being very stressful and 1 being not stressful): \_\_\_\_\_ Work \_\_\_\_\_ Relationship \_\_\_\_\_ Parenting

\_\_\_\_\_ Family of Origin \_\_\_\_\_ Financial \_\_\_\_\_ Health

\_\_\_\_\_ School \_\_\_\_\_ Home Maintenance \_\_\_\_\_ Other

How many hours of sleep do you average per night? \_\_\_\_\_

Do you sleep as well as you would like? \_\_\_\_\_

Do you take any sleep medication or over the counter drugs for sleep? \_\_\_\_\_

What kind of things do you do for self care?

Have you ever been concerned that some of your self care activities are not good for you? \_\_\_\_\_ If "Yes" please explain: